

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Heasley

Serial No.: 10/603,641

Filed: 6/25/2003

Title: Gingival Retraction Shells, Impression  
Devices, and Improved Methods of  
Taking a Dental Impression

Attorney Docket No.: 6656320/24780

Group Art Unit:

3732

Examiner:

To be assigned

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Dear Sir:

This Information Disclosure Statement is submitted:

- ☒ under 37 CFR 1.97(b), or  
(Within three months of filing national application; or date of entry of international application; or before mailing date of first office action on the merits; whichever occurs last)
- ☐ under 37 CFR 1.97(c) together with either a:
  - ☐ Statement under 37 CFR 1.97(e), or
  - ☐ a \$180.00 fee under 37 CFR 1.17(p), or  
(After the CFR 1.97(b) time period, but before final action or notice of allowance, whichever occurs first)
- ☐ under 37 CFR 1.97(d) together with a:
  - ☐ Statement under 37 CFR 1.97(e), and
  - ☐ a \$180.00 fee set forth in 37 CFR 1.17(p).  
(Filed after final action or notice of allowance, whichever occurs first, but before payment of the issue fee)

☒ Applicant(s) submit herewith Form PTO 1449-Information Disclosure Citation together with copies, of patents, publications or other information of which applicant(s) are aware, which applicant(s) believe(s) may be material to the examination of this application and for which there may be a duty to disclose in accordance with 37 CFR 1.56.

The relevance of the attached references is that this is the closest art of which Applicant is aware. Applicant submits that the above references taken alone or in combination neither anticipate nor render obvious the present invention. Consideration of the foregoing in relation to this application is respectfully requested.

It is requested that the information disclosed herein be made of record in this application.

Respectfully submitted,

I hereby certify that this Correspondence is being deposited with the United States Postal service with sufficient postage for first class mail in an envelope address to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or the correspondence is being facsimile transmitted to the USPTO, on the date indicated below.

Date of Deposit: ~~April~~ May 5, 2004

Typed Name: Jeri D. Krutsinger

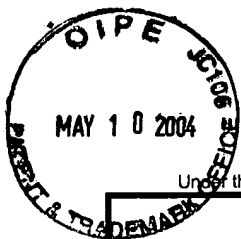
Signature: Jeri Krutsinger

Kent A Herink

Kent A. Herink  
Attorney/Agent for Applicant(s)  
Reg. No. 31025

Date: 4-23-2004

Telephone No.: 515-288-2500



Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/603,641
	Filing Date	Jun 25, 2003
	First Named Inventor	Heasley
	Art Unit	3732
	Examiner Name	To be assigned
Total Number of Pages in This Submission	Attorney Docket Number	6656320/24780

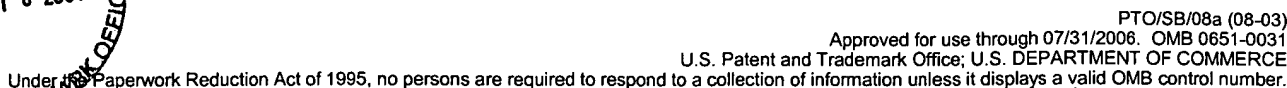
ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Cover Sheet & Return Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kent A. Herink
Signature	
Date	05-04-04

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Jeri D. Krutsinger		
Signature		Date	5-5-04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



**(Use as many sheets as necessary)**

**Complete if Known**

Application Number	10/603,641
Filing Date	6/25/2003
First Named Inventor	Heasley
Art Unit	3732
Examiner Name	To be assigned
Attorney Docket Number	6656320/24780

Sheet	1	of	1
-------	---	----	---

[illegible][illegible]Date  
Considered

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup>Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup>For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup>Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*